

Health,
Welfare
Public
Service

300
-57-3

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008963

STATE FILE NUMBER

FILED APR 15 1959

Registration District No.

107

Primary Registration District No.

5422

Registrar's No.

67

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Kennett, Mo.		c. CITY OR TOWN Poplar Bluff, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Kennett, Mo.		d. STREET ADDRESS 920 Eve	
3. NAME OF DECEASED (Type or print) First Glenn Middle Wood Last Thomas		4. DATE OF DEATH Month April Day 1 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) Des Arc, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Robert Thomas		13b. MOTHER'S MAIDEN NAME Mollie Thomas	
14. NAME OF HUSBAND OR WIFE Audrey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 489-18-7054		17. INFORMANT Address Mrs. Audrey Thomas, Poplar Bluff, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) accidental electrocution Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9145 6		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Dragline coming in contact with Highline	
20c. TIME OF INJURY Hour 9:40 a.m. 4-1-59		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway #8		20f. CITY, TOWN, OR LOCATION Near Kennett, Dunklin Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 10:00am _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Quinton Tarver (Designate Title) Quinton Tarver F.D. Coroner	
22b. ADDRESS Box 115 Kennett, Mo.		22c. DATE SIGNED 4-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-4-59	
23c. NAME OF CEMETERY OR CREMATORY Des Arc, Missouri		23d. LOCATION (City, town, or county) (State) Des Arc, Missouri	
24. FUNERAL DIRECTOR Greer Croy & Fitch		25. DATE RECD. BY LOCAL REG. 4-6-1959	
26. REGISTRAR'S SIGNATURE Earl Hubbard		27. ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1959

COUNTY FILE NUMBER 454-119

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ray P. Adams*

Licensed Embalmer No. 4928

P. O. Address *Poplar Bluff, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.